

## 2016 QHP Enrollee Survey Vendor Authorization Instructions

1. Click on <https://qhpcahps.cms.gov> to access the Project Website.
2. Once the Project Website is open in your browser, click on the “Login” tab at the right of the page.
  - a. If you logged into the QHP Enrollee Survey Vendor Authorization System as part of the 2015 beta test, you can continue to use the login credentials that you used previously. If you have forgotten your password, you can request to reset your password by clicking “Request new password”.
  - b. If you have never accessed the QHP Enrollee Survey Vendor Authorization System, Click on the right-hand button that displays “I want to create an account” and provide the required information. Please note that all new user accounts must be validated by the QHP Enrollee Survey Project Team. The Project Team validates new accounts Monday through Friday between 9am – 5pm EST, excluding federal holidays. You will receive an email when your account has been validated and you can login to the Survey Vendor Authorization System.

**You are not logged in.**

[I have an account](#) [I want to create an account](#)

**Username or e-mail address \***

You may login with either your assigned username or your e-mail address.

**Password \***

The password field is case sensitive.

[Request new password](#)

3. Once logged in, users will see the “Welcome” page. To begin the Survey Vendor Authorization Process click on the “Manage my Reporting Unit” link.
4. On the “Manage my Reporting Units” page, users will see a list of reporting units generated based on CMS records of QHPs offered through Marketplace for Plan Year 2015. This information has been pre-populated; however, QHP issuers are responsible for ensuring the accuracy of all pre-populated information and making any needed changes. Click the “Edit” link to view the pre-populated information and make any needed changes.

### Issuer: My Reporting Units

[Create Reporting Unit](#)

Actions	Reporting Unit ^	Enrollment Threshold Met?	Product Type	State	Vendor
<a href="#">View</a>   <a href="#">Edit</a>	99999-AL-HMO	Yes	HMO	AL	<a href="#">Select Vendor</a>

[CSV](#)

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- a. If the reporting unit will not participate in the 2016 QHP Enrollee Survey, issuers should select the appropriate reason in the “Data Submission / Ratings Ineligible Reason Code” field.
- b. Issuers can export a list of all reporting units shown on the “My Reporting Units” screen, as well as the associated Standard Component IDs (SCIDs), by clicking on the orange “CSV” button in the lower left corner.
- c. After clicking on the “Edit” button, issuers can edit the information about the QHPs/SCIDs included in the reporting unit such as editing the metal level associated with a particular QHP. If a QHP should not be included with the reporting unit, please select the “Mark QHP for Deletion” check box.
- d. Additional QHPs can be added to the reporting unit by selecting the “Add another Qualified Health Plan” button and inputting the Standard Component ID (SCID) and metal level for the QHP. Note that only QHPs offered through the Health Insurance Marketplace should be included in the reporting units for the QHP Enrollee Survey.

▼ [QHPs in this Reporting Unit](#)

**QHPs in this Reporting Unit**

**Standard Component ID \***  
99999CA0360005

**Plan Metal Level**  
Platinum

☐ Mark QHP for Deletion

Please list all of the individual QHPs that comprise this reporting unit. This would include all QHPs with the same product type within a single state. Some information has been pre-filled using records from the Centers for Medicare & Medicaid Services. QHP issuers are responsible for reviewing all pre-filled information to verify its accuracy.

If you notice large discrepancies between your records and the pre-filled information, please contact the QHP Enrollee Survey Project Team via email at [QHPCAHPS@air.org](mailto:QHPCAHPS@air.org) or by phone at 844-849-5243.

[Add another Qualified Health Plan](#)

- e. If substantial changes are needed to the pre-populated information, please contact the QHP Enrollee Survey Project Team via email at [ghpcahps@air.org](mailto:ghpcahps@air.org) for assistance.
5. If data on a reporting unit is missing from the system, click on the “Create Reporting Unit” link and provide the needed information.
    - a. If you need assistance entering the information into the Vendor Authorization System, please contact the QHP Enrollee Survey Project Team via email at [ghpcahps@air.org](mailto:ghpcahps@air.org) for assistance.
    - b. After filling in the reporting unit information, click on the “Save” button at the bottom of the page.
    - c. After clicking on the “Save” button, your reporting unit information will display along with a link that will bring you back to the “My Reporting Unit” page.
  6. To authorize a survey vendor for a particular reporting unit, click on the “Select Vendor” link for the QHP reporting unit.
  7. Select a vendor from the dropdown menu then click on the “Choose Survey Vendor” button.

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- a. If you have not previously done so, you will be prompted to designate a secondary point of contact for your company within your user account profile. This will ensure that we have more than one point of contact for each QHP issuer.

### Authorize Vendor for 99999-CA-PPO Reporting Unit

✔ To proceed, please specify a secondary point of contact by editing your [User Profile](#)

#### Select Vendor

Select Vendor ▼

Please select the survey vendor that you wish to use for 99999-CA-PPO.

Choose Survey Vendor

8. Review the information on the confirmation page for accuracy.

### Authorize Vendor for 99999-CA-PPO Reporting Unit

#### Reporting Unit Information

##### 99999-CA-PPO

**Issuer Legal Name:** AIR Health Plans  
**HIOS Issuer ID:** 99999  
**State:** CA  
**Product Type:** PPO  
Eligibility to Field Survey  
**Enrollment (500+):** Yes  
QHPs in this Reporting Unit  
**QHPs in this Reporting Unit:**

**Standard Component ID:** 10091BR0360005  
Mark QHP for Deletion  
**Mark QHP for Deletion:** N

#### Survey Vendor Information

##### Company Information

**Company Name:** Survey Vendor Company  
**Business Phone:** 333-333-3333  
**Address 1:** 222 Samsung Drive  
**City:** Appletown  
**State:** NC  
**Zip Code:** 20010

9. Enter your password, check the “Confirm” box, and then click on the “Confirm Selection” button. A confirmation email will be sent to the user to confirm that the vendor authorization process has been completed.

#### Password

By entering my password, I hereby issue the authorization.

☐ Confirm

Checking this box implies final confirmation that this is the survey vendor that you would prefer.

Confirm Selection

10. Repeat these steps to authorize a survey vendor for all QHP reporting units.